

Changes in the Application Process for New Rights of Way

Please read before completing your application

To enhance the Arizona State Land Department (ASLD) application process for a new Right of Way, a few notable process changes have been implemented. Applicants should review the list of changes below in order to better understand how they will be affected by the new process.

1. **Pre-Applications:** There will no longer be a required pre-application process. If applicants wish to participate in an informal, optional pre-application discussion with ASLD staff, they should contact the Right of Way Section. Additionally, applicants will no longer have to complete the pre-application addendum.
2. **Returning of Applications:** Upon receipt, ASLD will thoroughly review applications for completeness. Incomplete applications will be returned (with the application fee) to the applicant for revision. Applicants may resubmit applications following the completion of the requested items.
3. **Map Requirements:** Applicants must submit maps with their application that meet the following standards:
 - a. Aerial-view maps containing the proposed right of way alignment (including width and approximate length of right of way crossing State Trust land)
 - b. Must contain township(s), range(s), and section line(s)/designations
 - c. Must identify land ownership (e.g. State Trust, BLM, Private, etc.)
 - d. Must contain FEMA floodways and 404 Washes
 - e. Proposed alignment should be shown at the State, regional, and section by section levelMaps that do not meet all criteria indicated above will be considered incomplete, and will be returned to the applicant (along with the application and application fee) for revision.
4. **Scoring Team:** Applications will be reviewed by an internal Scoring Team, which will score each application on a 1 – 5 scale based on complexity and potential impact to the Trust. An explanation of the scoring guidelines can be viewed online at <https://land.az.gov/new-right-way-application-status>.
5. **Communication with Applicant:** Following Scoring Team review, applicants will be notified if their application has received a score and what that score is, if the application requires revisions or additional justification, or if the application is to be denied. Applicants will also be notified of their application's KE number (file number) at this time. The status of new Rights of Way applications will be updated every other week, and can be viewed online at <https://land.az.gov/new-right-way-application-status>.

ASLD is looking forward to involving our customers in this new process. It has been created as a tool to expedite simple applications with a low possibility of adverse impacts to the Trust, and also to free up staff capacity to focus on complex applications with a higher potential of adverse impacts to the Trust.

As ASLD works through this new process with its customers, we welcome any feedback you might have, including concerns, suggestions, or positive aspects of the new process. Please do not hesitate to contact us if you have any questions about the new process at 602-542-4631 or inquiry@AzLand.gov.

Thank you for your continued support of the ASLD. Your business supports the Trust's 13 beneficiaries, and contributes to a bright future for the State of Arizona and for generations to come.

RETURN TO:

ARIZONA STATE LAND DEPARTMENT
PUBLIC COUNTER
1616 WEST ADAMS
PHOENIX, ARIZONA 85007

SUBMIT NON-REFUNDABLE FILING FEE:

New/Renewal: \$500
Amend: \$100

DEPARTMENTAL USE ONLY		ROLODEX # _____	
ACCOUNTING	T&C	RECOMMENDATION/INITIAL	DATE
Filing Fee:	Exam: _____	Approve _____	_____
New/Renewal: \$500	Exam #: _____	Deny _____	_____
Amend: \$100	App Entry: _____	Reject _____	_____
N(34) R(35) A(23)	Score: _____	Withdraw _____	_____

APPLICATION FOR RIGHT OF WAY

Type or print in ink.

APPLICATION NO. _____ - _____

Complete **ALL** questions, **SIGN** and **SUBMIT** application with appropriate **NON-REFUNDABLE FILING FEE**.

1. APPLICANT:

2. TYPE OF APPLICATION:

Name

____ NEW

____ RENEW

Mailing Address

____ AMEND

City

State

Zip

Reason for amendment:

Contact Person

Phone No.

Email Address for Contact Person

3. REQUEST FOR RIGHT OF WAY: Applicant hereby makes Right of Way application under A.R.S. § 37-461, for the purpose of _____ over and across the lands hereinafter described for a term of _____ years, in accordance with the laws of the State of Arizona and the rules of the State Land Department.

4. PROJECT INFORMATION: List any other names, titles, identification numbers, or tracking numbers associated with this project below:

5. BASIS FOR APPLICATION:

Why are you applying for this right of way? (Mark all that apply):

____ Public Works Project

____ Pending Sale

____ Pending Private Development

____ Loss of Alternative Access

____ Required by City, County, etc.

____ Other, Please specify:

____ Necessary to provide infrastructure

____ Necessary to provide access

____ Trespass/Encroachment

6. LOCATION OF RIGHT OF WAY AND PROPERTY INFORMATION:

a. (Complete below and attach metes and bounds legal description, maps, surveys & plans. Attach additional sheet if necessary)

TWN.	RNG.	SEC.	LEGAL DESCRIPTION	ACRES	COUNTY	SLD USE ONLY		
						CTY	GRT	PARCEL
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

b. Assessor Parcel Nos. (APN): _____

c. Political Jurisdiction: _____

d. Existing Adjacent Land Uses (currently or planned):

North:	<input type="checkbox"/> Vacant	<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Residential	<input type="checkbox"/> Agriculture/Grazing	<input type="checkbox"/> Other
South:	<input type="checkbox"/> Vacant	<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Residential	<input type="checkbox"/> Agriculture/Grazing	<input type="checkbox"/> Other
East:	<input type="checkbox"/> Vacant	<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Residential	<input type="checkbox"/> Agriculture/Grazing	<input type="checkbox"/> Other
West:	<input type="checkbox"/> Vacant	<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Residential	<input type="checkbox"/> Agriculture/Grazing	<input type="checkbox"/> Other

e. Does this right of way serve a specific property? ☐ No ☐ Yes
If yes, complete supplement "RW-1" (Dominant Estate Supplement). See Question 8 for where to acquire supplement.

f. Is the proposed right of way to be used in conjunction with any application for a state lease, permit or sale (commercial, mineral, etc.)? ☐ No ☐ Yes
If yes, provide the application number: _____

g. Are there any pending projects associated with this application, or additional rights needed for the proposed use of the subject land? ☐ No ☐ Yes
If yes, please select one of the following options, and explain below:
☐ Access ☐ Utilities/Infrastructure ☐ Other

h. Does your proposed use require crossing other private, State or Federal land ownership(s)? ☐ No ☐ Yes

i. If yes, do you have a Letter of Intent ("LOI") or legal permission from property owner(s) or land management agency to cross over? Please provide documentation. ☐ No ☐ Yes
OR

ii. If yes, has permission or authorization been denied? Please provide documentation. ☐ No ☐ Yes
 iii. What steps or actions, if any, have been taken to acquire or secure necessary LOI or legal permission?
Please explain below:

Authorization or permission from land owner/managing agency will be required prior to a recommendation for approval.

7. CONSTRUCTION SCHEDULE:

- a. If construction is required, when is the proposed construction anticipated to begin? _____
- b. Typical processing time for an application is 12-16 months. Does your construction schedule allow for this processing time? *If no, please complete R/W Supplement "RW-CO"*..... ☐ No ☐ Yes

8. TYPE OF RIGHT OF WAY – REQUIRED SUPPLEMENTS: (Complete supplement for each use marked)
Required supplements are available at 1616 W. Adams or online at <https://land.az.gov/applications-and-permits>

a. Utility Rights of Way (if access is needed, please select a purpose in sub paragraph "c")

- _____ Drainage Easement – (Complete supplement "RW-D")
- _____ Underground Utility Easement – (Complete supplement "RW-U")
- _____ Water Line, Reservoir or Lift Station – (Complete supplement "RW-U")
- _____ Sewer Line or Lift Station – (Complete supplement "RW-U")
- _____ Electrical Line or Substation – (Complete supplement "RW-U")
- _____ Gas Line – (Complete supplement "RW-U")
- _____ Other, please specify _____

b. Telecommunications Rights of Way – (Complete supplement "RW-C")

c. Access Rights of Way

- _____ Public Roadway – (Complete supplement "RW-R")
- _____ Public Roadway & Underground Utilities – (Complete supplement "RW-RU")
- _____ Non-Exclusive Access Road – (Complete supplement "RW-R")
- _____ Haul Road – (Complete supplement "RW-R")
- _____ Service Road – (Complete supplement "RW-R")
- _____ Recreational Trail – (Complete supplement "RW-R")
- _____ Other, please specify _____

9. TEMPORARY CONSTRUCTION EASEMENT: Will the proposed use require a temporary construction easement outside the proposed right of way? *If yes, complete Supplement "RW-T"* ☐ No ☐ Yes

10. ACCESS: Does access exist to subject land from nearest public road? ☐ No ☐ Yes

- a. If yes, what type of access exists? ☐ Public road, ☐ Private road, ☐ Trail, ☐ Other
- i. Condition of access? ☐ Dirt, ☐ Paved, ☐ Gravel or Chip Seal, ☐ Other
- ii. Is this access to subject land of legal means? ☐ No ☐ Yes
- iii. If yes, please explain below the legal means and describe access to subject land from the nearest public road, identifying road name(s) and/or route numbers:

11. EXISTING LESSEE/PERMITTEE/GRANTEE – IMPROVEMENTS:

- a. Are there any improvements that would be disturbed if this application is approved (tanks, wells, fences, building, etc.)? ☐ No ☐ Yes

If yes, list below:

- b. If approved, will the construction and the maintenance of the right of way interfere with or intrude upon the existing lessee's, permittee's, or grantee's rights under any existing lease, permit, or right of way? ☐ No ☐ Yes

If yes, describe in detail:

- c. Have you contacted the Lessee, Permittee, or Grantee to discuss this application? ☐ No ☐ Yes ☐ N/A

12. JURISDICTIONAL WASHES: Are there any waterways/washes along or within the subject land area? ☐ No ☐ Yes

- a. If yes, what are the approximate dimensions (width and depth) of washes or waterways? *Provide a map identifying waterways or wash locations.*

- b. Explain what potential issues, if any, may be generated by the proposed use to upstream or downstream lands?

13. DRAINAGE/FLOOD CONSTRAINTS

Are there any drainage and/or flood plain constraints or requirements for the proposed use or project? .. ☐ No ☐ Yes

- a. If yes, please explain:

- b. Will they impact the proposed use? ☐ No ☐ Yes

i. If yes, describe below how the proposed use would be impacted:

ii. If yes, describe below how the constraints or requirements will be addressed:

14. LAND VALUE: What is your opinion of the estimated land value of the subject land or adjacent land you wish to acquire the rights to?

☐ Estimated land value per acre \$ _____

OR

☐ Estimated land value per square foot \$ _____

Identify source of estimated land value below. "Unknown" is not acceptable.

15. FUNDING: What are the funding mechanisms that will assist and/or pay for this right of way?

a. Are there any constraints, stipulations or deadlines associated with the funding? ☐ No ☐ Yes

If yes, please explain below:

16. OTHER JURISDICTIONS: Has the proposed use or project been presented and/or vetted through the local, State, or Federal jurisdiction? ☐ No ☐ Yes

a. If yes, what jurisdiction is required to approve the project or use? Include staff recommendation, summary report, or proposal prepared by approving entity.

☐ City Council, ☐ Board of Supervisors, ☐ Board of Directors, ☐ EIS, ☐ EA, ☐ Other, please describe below:

b. Is a Certificate of Environmental Compatibility ("CEC") by Arizona Corporation Commission required? ☐ No ☐ Yes

i. If yes, what quarter are you planning to file the application? Q_____ Year: _____

If an application has already been filed, please provide a copy with application submission.

17. ALTERNATE ALIGNMENTS: Have alternate alignments, routes or sites been considered or studied on other State Trust, private, State or Federal lands? ☐ No ☐ Yes

a. If yes, are they on: ☐ State Trust land, ☐ Private, ☐ Other government lands?

b. For alternate alignments, routes or sites not on State Trust land, has the proposed use been discussed with owner or managing agency? ☐ No ☐ Yes

c. If yes, has use of their property been denied? ☐ No ☐ Yes

Provide copies for review and explain below why they were denied or eliminated as a viable alignment, route or site.

18. EXTRAORDINARY ISSUES: Are there any extraordinary issues affecting the use or proposed project that you are aware of, such as the existence of endangered species, cultural resources, topographic constraints, etc.? ☐ No ☐ Yes

If yes, please explain below:

[illegible]

21. APPLICANT COMPLETE AND SUBMIT ENVIRONMENTAL QUESTIONNAIRE, PAGES 8 & 9.

CERTIFICATION: Pursuant to A.R.S. Title 37 and the Rules of the Arizona State Land Department, A.A.C. Title 12, Chapter 5, you must complete the following information pertinent to you and/or the organization you represent and sign the certification or your application will not be processed. **NOTE:** Applicant must complete item #1.

1. Is this application made in the name of: (Applicant must check one) _____ Individual(s) _____ Husband & Wife
 _____ Corporation _____ Partnership _____ Ltd. Partnership _____ Estate _____ Trust _____ Ltd. Liability Co.
 _____ Joint Venture _____ Municipality _____ Political Subdivision _____ Other (specify) _____

2. **INDIVIDUAL(S) OR HUSBAND & WIFE:** Complete the following for each applicant:

NAME	AGE	MARITAL STATUS
_____	_____	_____
_____	_____	_____

3. **CORPORATION:** Complete the following:

(A) Do you have authority from the Arizona Corporation Commission to do business in the State of Arizona? Yes____ No____

(B) Is the corporation presently in good standing with the Arizona Corporation Commission? Yes____ No____

(C) In what state are you incorporated? _____

(D) Is the legal corporate name and Arizona business address the same as stated in this application? Yes____ No____

If no, state the Legal Corporate Name: _____

Address: _____
 (Street or Box Number) (City) (State) (Zip)

4. **LIMITED LIABILITY COMPANY:** Complete the following:

(A) If an out-of-state limited liability company: Have you filed for a Certificate of Registration with the Arizona Corporation Commission?

_____ Yes _____ No

(B) If an Arizona limited liability company: Have you filed Articles of Organization with the Arizona Corporation Commission?

_____ Yes _____ No

(C) Are you authorized by the Arizona Corporation Commission to transact business in Arizona? _____ Yes _____ No

5. **PARTNERSHIP OR JOINT VENTURE:** Complete the following for each authorized partner or principal in the partnership or joint venture:

NAME	BUSINESS ADDRESS	AGE	MARITAL STATUS
_____	_____	_____	_____
_____	_____	_____	_____

6. **LIMITED PARTNERSHIP:** Is this Limited Partnership on file with the Arizona Secretary of State? ☐ Yes ☐ No

Complete the following for the authorized general partner(s) only:

GENERAL PARTNER(S) NAME	BUSINESS ADDRESS
_____	_____
_____	_____

7. **ESTATE:** Complete the following and attach a copy of the court or estate document(s):

Name of the court-appointed administrator or personal representative: _____

List the type and date of issuance of the court or Estate document: _____
 (Date issued) (Type of Document)

8. **TRUST:** (A) Complete the following pursuant to A.R.S. § 33-404, for each beneficiary of the Trust:

NAME	ADDRESS	AGE	MARITAL STATUS
_____	_____	_____	_____
_____	_____	_____	_____

or (B) Identify the Trust document by title, document number, and county where document is recorded: _____

9. I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN, TOGETHER WITH ALL EXHIBITS AND ATTACHMENTS ARE TRUE, CORRECT AND COMPLETE AND THAT I/WE HAVE AUTHORITY TO SIGN THIS DOCUMENT.

SIGNATURE(S)

_____ (Name of Corporation, Partnership, etc.)	_____ Date	_____ Signature of Applicant (Individual)	_____ Date
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_____ Signature	_____ Title	_____ Signature of Applicant (Individual)	_____ Date
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ARIZONA STATE LAND DEPARTMENT ENVIRONMENTAL DISCLOSURE QUESTIONNAIRE

These two pages are part of the application - DO NOT DETACH.

The purpose of this questionnaire is to give the Department an opportunity to detect proposed land uses that may have potential environmental impacts and risks, and to consider these impacts and risks in the processing of the application.

If you have questions regarding this questionnaire, please contact the State Land Department, Environmental Section at (602) 542-2119. Other Federal, State, County and local agencies may also need to be contacted regarding environmental regulations.

PLEASE INDICATE BELOW THE TYPE(S) OF POTENTIAL ENVIRONMENTAL IMPACTS FROM YOUR CURRENT OR PROPOSED USE:

<u>YES</u>	<u>NO</u>	<u>WILL YOUR USE INVOLVE:</u>	<u>TYPE OF ENVIRONMENTAL IMPACT</u>
_____	_____	<u>WASTE TIRES</u> The collection of waste tires? If yes, explain: _____	_____
_____	_____	<u>LEAD ACID BATTERIES</u> The sale and disposal of lead acid batteries? If yes, explain: _____	_____
_____	_____	<u>DISCHARGE IMPACTING GROUNDWATER</u> Generating a discharge that may potentially impact groundwater? If yes, explain: _____	_____
_____	_____	<u>PESTICIDES?</u> If yes, explain use: _____	_____
_____	_____	<u>DRY WELLS?</u> If yes, ADEQ Registration #(s): _____	_____
_____	_____	<u>POTABLE WATER (DRINKING WATER) SYSTEMS?</u> If yes, explain: _____	_____
_____	_____	<u>WASTEWATER COLLECTION AND TREATMENT SYSTEMS</u> Wastewater collection and/or treatment? If yes, explain: _____	_____
_____	_____	<u>AIR CONTAMINANTS/AIR POLLUTION CONTROL</u> Air contaminant emissions? If yes, explain: _____	_____
_____	_____	<u>SOLID WASTE - GENERAL</u> Solid waste generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	_____
_____	_____	<u>SOLID WASTE - MEDICAL WASTE</u> Medical waste generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	_____
_____	_____	<u>SOLID WASTE - SEWAGE SLUDGE/SEPTAGE</u> (Septic Tank Waste) Sewage sludge/septage generation, transportation, treatment, storage, use or disposal? If yes, explain: _____	_____
_____	_____	<u>USED OIL</u> Used oil generation, transportation, storage, recycling, use, disposal, marketing or burning? If yes, explain: _____	_____
_____	_____	<u>RECYCLING ACTIVITIES?</u> If yes, explain: _____	_____
_____	_____	<u>SPECIAL WASTE</u> Special waste (asbestos, motor vehicle shredding waste) generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	_____
_____	_____	<u>HAZARDOUS WASTE GENERATOR</u> Generating hazardous waste? If yes, explain: _____	_____
_____	_____	<u>HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL?</u> If yes, explain: _____	_____

(OVER)

<u>YES</u>	<u>NO</u>	<u>WILL YOUR USE INVOLVE:</u>	<u>TYPE OF ENVIRONMENTAL IMPACT</u>																		
_____	_____	<u>HAZARDOUS WASTE TRANSPORTATION?</u> If yes, explain: _____ _____																			
_____	_____	<u>UNDERGROUND STORAGE TANK (UST)?</u> If yes, explain: _____ _____																			
_____	_____	<u>ABOVEGROUND STORAGE TANK (AST)?</u> If yes, explain: _____ _____																			
_____	_____	<u>HAZARDOUS SUBSTANCES?</u> If yes, explain: _____ _____																			
_____	_____	<u>CURRENTLY UNCLASSIFIED WASTE</u> Will your use involve currently unclassified waste containing the following? (A.R.S. §49-854). If yes, check appropriate waste category: <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Polychlorinated biphenyls (PCBs)</td> <td><input type="checkbox"/> Oil and gas exploration drilling muds</td> <td><input type="checkbox"/> Petroleum contaminated soil</td> </tr> <tr> <td><input type="checkbox"/> Incinerator ash</td> <td><input type="checkbox"/> Categorical industrial pretreatment sludge</td> <td><input type="checkbox"/> Commercial/industrial septage</td> </tr> <tr> <td><input type="checkbox"/> Petroleum refining waste</td> <td><input type="checkbox"/> Radioactive waste</td> <td><input type="checkbox"/> Used Antifreeze</td> </tr> <tr> <td><input type="checkbox"/> Slag and refractory material</td> <td><input type="checkbox"/> Uranium ore tailings</td> <td><input type="checkbox"/> Contaminated process equipment</td> </tr> <tr> <td><input type="checkbox"/> Precious metals recycling</td> <td><input type="checkbox"/> Industrial catalysts</td> <td><input type="checkbox"/> Industrial sludges</td> </tr> <tr> <td><input type="checkbox"/> Aluminum dross</td> <td><input type="checkbox"/> Industrial sands (excluding mining or mineral processing operation)</td> <td></td> </tr> </table>		<input type="checkbox"/> Polychlorinated biphenyls (PCBs)	<input type="checkbox"/> Oil and gas exploration drilling muds	<input type="checkbox"/> Petroleum contaminated soil	<input type="checkbox"/> Incinerator ash	<input type="checkbox"/> Categorical industrial pretreatment sludge	<input type="checkbox"/> Commercial/industrial septage	<input type="checkbox"/> Petroleum refining waste	<input type="checkbox"/> Radioactive waste	<input type="checkbox"/> Used Antifreeze	<input type="checkbox"/> Slag and refractory material	<input type="checkbox"/> Uranium ore tailings	<input type="checkbox"/> Contaminated process equipment	<input type="checkbox"/> Precious metals recycling	<input type="checkbox"/> Industrial catalysts	<input type="checkbox"/> Industrial sludges	<input type="checkbox"/> Aluminum dross	<input type="checkbox"/> Industrial sands (excluding mining or mineral processing operation)	
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		If checked, explain waste generation process: _____ _____																			
_____	_____	<u>SUPERFUND SITES</u> Is the State Trust land located in a National Priority List (NPL, Federal Superfund) area or in a Water Quality Assurance Revolving Fund (WQARF, State Superfund) study area? If yes, NPL or WQARF area name: _____																			
_____	_____	<u>LAND DISTURBANCE</u> If land disturbance will occur, will it be on previously undisturbed land? If yes, explain: _____ _____																			
_____	_____	<u>WATER WELLS</u> Are there open and/or abandoned water wells on the property? If yes, submit a site diagram showing location(s) and use(s). _____																			
_____	_____	<u>ADJACENT LAND USES</u> To the best of your knowledge, are adjacent lands subject to any of the above-referenced environmental impacts? If yes, explain: _____ _____																			
_____	_____	<u>ON-SITE INSPECTION/ENVIRONMENTAL ASSESSMENT</u> To the best of your knowledge, has an on-site inspection and/or an environmental site assessment been performed at this location? If yes, explain: _____ _____																			
_____	_____	<u>PREVIOUS ENVIRONMENTAL IMPACT</u> To the best of your knowledge, has any environmental impact been reported previously to ADEQ? If yes, explain: _____ _____																			

ADDITIONAL COMMENTS: